AMENDMENTS TO THE SPECIFICATION

Please replace the paragraph appearing on page 2 and beginning with "Yet another approach for implanting...." with the following new paragraph:

Yet another approach for implanting a sub-urethral sling has also been recently developed. In a "transobturator" approach, the implanted sling extends from beneath the urethra, and out through the obturator hole on either side. The procedure may involve inserting an appropriately configured needle from a vaginal incision and subsequently out through the obturator hole, or vice versa. The former technique (an "inside-out" approach) has been performed using a surgical instrument substantially similar to that shown in Fig. 1. This instrument is described in greater detail in co-pending U.S. patent application serial number [[_____]] 10/699,045, which was filed on October 31, 2003 and entitled "Guide for Surgical Device for the Treatment of Urinary Incontinence", and serial number [[_____]] 10/706,559, which was filed on November 12, 2003 and entitled "Improved Surgical Instrument and Method for the Treatment of Urinary Incontinence," which are incorporated herein by reference in their entirety. The surgical instrument or assembly 100 includes two needle assemblies 114, 116 that include two surgical passers 101, 103 that are secured at proximal ends to handles 102, 104. The surgical passers are curved and form a somewhat helical shape, and are mirror images of one another so that one 101 is particularly suited for passage through the body on the left ~~one~~ side of the urethra, whereas the other 103 is particularly suited for passage on the opposite (right) side of the urethra. The needle assembly further includes tube elements 106, 108 that are removably applied over the ends of the surgical passers. Proximal ends of the tube elements are coupled to the tape 110 to be implanted as a sling beneath the urethra. The tape is preferably of knitted mesh construction, such as Prolene® polypropylene mesh (manufactured by Ethicon, Inc. of Somerville, NJ) having dimensions of approximately ½ x 18 inches. The tape is also preferably covered by a plastic sheath that overlaps in the middle section so as to be easily removably. The surgical assembly may also include a guide element 112 to help guide the needle assemblies through the patient's body and to ensure safe passage thereof.

Please replace the paragraph appearing on page 10 and beginning with "The first and second recesses . . ." with the following:

The first and second recesses 118, 120 in the inner package member extend inwardly from a distal end 106 and along the upper side 112 of the inner package member. The first and second recesses are dimensioned to removably receive therein at least the handle portions 126, 128 of the first and second needle assemblies, but are further dimensioned relative to the needle assemblies, so that the curved distal portions of the needle assemblies extend outwardly beyond the distal end of the inner package member as shown. Preferably, the recesses are sized so that at least the handle portions can be snap-fit into the recesses. In one embodiment, appropriate spaces are formed around the recesses ~~(i.e., 190)~~ to facilitate grasping the handle portions for removal thereof. In another embodiment, the recesses further include tab elements 195 or the like that fit tighter to the instrument than the remainder of the recess, and it is primarily these tab elements that cause the "snap-fit" between the instrument and the recess. The inner package member further has a height h at the distal end such that the curved distal portions of the needle assemblies do not contact the surface S on which the inner package member rests. Preferably, the height of the inner package member increases gradually from the proximal end 106 to the distal end 108. When the inner package member is removed from the outer package member and placed, for example, on a surgical table, this configuration presents the surgical assembly to the surgeon in a more ergonomic fashion.